



WASHINGTON STATE GAMBLING COMMISSION
LOCATION: 4565 7th Avenue SE, Lacey WA 98503
MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400
TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631
TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637
WEB SITE: www.wsgc.wa.gov

ANNUAL RENEWAL APPLICATION – EMPLOYEE OF A COMMERCIAL BUSINESS

Type of Renewal: (Check One)

CARD ROOM EMPLOYEES NEED TO CALL TO REQUEST A PRE-PRINTED RENEWAL APPLICATION.

- | | | | |
|--|----------------|--|----------------|
| <input type="checkbox"/> Service Supplier Representative (63) | FEE: \$ 146.00 | <input type="checkbox"/> Distributor's Representative (22) | FEE: \$ 146.00 |
| <input type="checkbox"/> Linked Bingo Prize Provider Rep. (64) | FEE: \$ 146.00 | <input type="checkbox"/> Commercial Gambling Manager (62) | FEE: \$ 84.00 |
| <input type="checkbox"/> Manufacturer's Representative (23) | FEE: \$ 146.00 | | |

(See Page Two for definitions regarding each license type.)

* * IMPORTANT * *

**DO NOT USE THIS FORM TO UPGRADE OR TRANSFER YOUR LICENSE.
CALL THE ABOVE TELEPHONE NUMBERS TO REQUEST THE CORRECT TRANSFER FORM.**

License Renewal Applicants: Complete all parts of this renewal form. Include your signature and the correct fee. This renewal application must be received by the Commission **PRIOR** to the expiration date shown on your current license. If not, you will have to reapply as a new licensee and comply with all licensing requirements. Make checks payable to the **Washington State Gambling Commission**.

APPLICANT INFORMATION

Full Name: _____
Last First MI

Address: _____

City State Zip County

Social Security Number: _____ Date of Birth: _____

Telephone Number: (Home) (_____) _____ - _____ (Work) (_____) _____ - _____

PERSONAL INFORMATION

During the past twelve (12) months have you : (Check as appropriate.)

- | | | | |
|--------------------------------|--|---------------------------------|--|
| (a) changed employers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | (e) paid a fine? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) been arrested for a crime? | <input type="checkbox"/> Yes <input type="checkbox"/> No | (f) been jailed for any reason? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) been charged with a crime? | <input type="checkbox"/> Yes <input type="checkbox"/> No | (g) been placed on probation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) been convicted of a crime? | <input type="checkbox"/> Yes <input type="checkbox"/> No | (h) been under supervision? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered YES to any of the questions, provide a statement of explanation and attach it to this application.

EMPLOYMENT INFORMATION

Business Name of Employer: _____

Your Work / Job Title: _____
(See Page 2)

Address: _____

City State Zip County

Employer's Telephone Number: (_____) _____ - _____ City Limits: ☐ Inside ☐ Outside

Validation#:

Code: 211-

AGENCY USE ONLY

Amount: \$

Date:

EMPLOYER CERTIFICATION

I hereby authorize this applicant to submit this application for employment at my commercial business.

Signature(s) of Owner, All Partners, or President of Corporation

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to RCW 42.17, the Public Records Act, and other Washington laws. The Commission, per WAC 230-04-020 (4) may disclose, to the public, or discuss, at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.17.330.

OATH OF APPLICANT

I declare under penalty of perjury, under the laws of the state of Washington, that all information provided in this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for denial of an initial application or revocation of any gambling licenses currently held and will be disclosed to my employer. I agree to notify the Washington State Gambling Commission should any information required on this application and / or on my Personal / Criminal History Statement change or become inaccurate in any way. I understand that if I fail to make such notification, it may constitute grounds for denial, suspension or revocation of my license. I further understand that should information provided on the application change or become obsolete and / or if any criminal or civil actions are filed against me, I must inform the commission and my employer. I agree to submit and fulfill all the requirements of RCW 9.46 and WAC 230. See WACs 230-04-022, 230-12-305, and 230-12-310.

Signature: _____ Date: _____

INDIVIDUAL LICENSE DEFINITIONS

Below are revised definitions for each individual license type. Please read them to ensure that you are applying for the correct renewal license.

- **Distributor's Representative:**

Represents a licensed distributor and performs the duties set out in WAC 230-02-220.

- **Manufacturer's Representative:**

Represents a licensed manufacturer and performs the duties set out in WAC 230-02-225.

- **Service Supplier Representative:**

Represents a licensed service supplier and performs the duties set out in WAC 230-02-206.

- **Linked Bingo Prize Provider Representative:**

Represents a licensed linked bingo prize provider and performs the duties set out in WAC 230-02-218.

- **Commercial Gambling Manager:**

Performs the duties set out in WAC 230-02-240. Employees of this type are required to be licensed if they are responsible for supervising the operation of progressive jackpot pull-tab games as authorized by WAC 230-30-025.